| Effective October 1, 2001   |   |   |              |              |                              |                  |          |           |                        |    |   |   |  |
|---|---|---|--------------|--------------|------------------------------|------------------|----------|-----------|------------------------|----|---|---|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |   |   |              |              |                              |                  |          | MALL:     | ENTITY                 | OR | OTHER<br>SMALL                          |   |  |
| TOTAL CLAIMS  |   |   | 6            |              |                              |                  | Γ        | RATE      | FEE                    |    | RATE                                    | FEE   |  |
| FOR   |   |   | NUMBER FILED |              | NUMBER EXTRA                 |                  |          | BASIC FI  | 370.00                 | OR | BASIC FEE                               | 890   |  |
| TOTAL CHARGEABLE CLAIMS   |   |   |              |              | *                            |                  |          | X\$ 9=    |                        | OR | X\$18=                                  |   |  |
| INDEPENDENT CLAIMS  |   |   | minus 3 =    |              | *                            |                  |          | X42=      |                        | OR | X84=                                    |   |  |
| MU  | LTIPLE DEPEN  | DENT CLAIM PI                             | RESENT \     |              |                              |                  |          | +140=     |                        | OR | +280=                                   | -   |  |
| * If  | the difference  | in column 1 is                            | less than ze | ro, ente     | r "0" in c                   | olumn 2          | L        | TOTAL     |                        | OR | TOTAL                                   | 890   |  |
| CLAIMS AS AMENDED - PART II   |   |   |              |              |                              |                  |          | 10171     | · L                    | 10 | OTHER                                   | ,, , <u>, , , , , , , , , , , , , , , , ,</u> |  |
|   | (Column 1) (Column 2) (Column 3)  |   |              |              |                              |                  |          | SMAL      | L ENTITY               | OR | SMALL                                   |   |  |
| AMENDMENT A   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | 24 Maria     | NUM<br>PREVI |                              | PRESENT<br>EXTRA |          | RATE      | ADDI-<br>TIONAL<br>FEE |    | RATE                                    | ADDI-<br>TIONAL<br>FEE                        |  |
|   | Total   | * 9                                       | Minus        | ** /         | 20                           | -                |          | X\$ 9=    |                        | OR | X\$18=                                  |   |  |
|   | Independent   | * 2                                       | Minus        | *** (        | 3                            | =                | 1 [      | X42=      |                        | OR | X84=                                    |   |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |              |              |                              |                  | J [      | +140=     | :_                     | OR | +280=                                   |   |  |
|   |   |   |              |              |                              |                  | L        | TOTA      |                        | OR | TOTAL<br>ADDIT, FEE                     |   |  |
| (Column 1) (Column 2) (Column 3)  |   |   |              |              |                              |                  |          |           | .c <u>= </u>           |    | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |   |  |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUM<br>PREVI | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |          | RATE      | ADDI-<br>TIONAL<br>FEE |    | RATE                                    | ADDI-<br>TIONAL<br>FEE                        |  |
|   | Total   | *   | Minus        | **           |                              | =                | ]        | X\$ 9=    |                        | OR | X\$18=                                  | 9   |  |
|   | Independent   | *   | Minus        | ***          |                              | =                | <b> </b> | X42=      |                        | OR | X84=                                    |   |  |
|   | FIRST PRESE   | NTATION OF M                              | ULTIPLE DEF  | PENDEN       | CLAIM                        |                  | J        | +140=     | :                      | OR | +280=                                   |   |  |
|   |   |   |              |              |                              |                  |          |           | AL<br>F                | OR | TOTAL<br>ADDIT. FEE                     |   |  |
|   |   | (Column 1)                                |              |              | mn 2)                        | (Column 3)       |          | ADDIT. FE |                        | _  |   |   |  |
| AMENDMENT C   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUN<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |          | RATE      | ADDI-<br>TIONAL<br>FEE |    | RATE                                    | ADDI-<br>TIONAL<br>FEE                        |  |
|   | Total   | *   | Minus        | **           | •                            | =                |          | X\$ 9=    |                        | OR | X\$18=                                  |   |  |
|   | Independent   | *   | Minus        | ***          |                              | -                | 4        | X42=      |                        | OR | X84=                                    |   |  |
| L   | FIRST PRESE   | NTATION OF M                              | ULTIPLE DEI  | PENDEN       | II CLAIM                     |                  | ┙┟       | +140=     |                        | OR | +280=                                   |   |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |   |              |              |                              |                  |          |           |                        | OR | TOTAL                                   |   |  |
| अस  | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |              |              |                              |                  |          |           |                        |    |   |   |  |

Application or Docket Number